



## COOPERATIVE AGREEMENT Fiscal Year 2006-07

Office of the Patient Advocate  
and  
Department of Managed Health Care



The Office of the Patient Advocate (Office) and the Department of Managed Health Care (Department) are both responsible for assuring that over 22 million California consumers have access to quality health care services from the 96 full-service and specialized health maintenance organizations (HMOs) in the State. The Office informs and educates consumers about their rights and responsibilities as HMO enrollees and publishes an annual report card on quality and patient satisfaction for the nine largest health plans in the State. The Department licenses and regulates HMOs, periodically performs medical surveys, and provides assistance to consumers who have problems through its HMO Help Center.

In mutual recognition of the importance of working together to accomplish their respective missions and to assure that California consumers receive the best quality of care from their HMOs, the Office and the Department agree to collaborate and cooperate as follows:

### Quality Monitoring and Oversight

The Office and the Department will work with the HMO industry to develop at least one quality improvement initiative by September 1, 2006 focused on an area where measurable improvement can be achieved.

The Department's Medical Survey Division will incorporate the use of HMO Report Card medical quality data in its triennial medical surveys of HMOs by January 1, 2007.

The Office will conduct a review of "mandated benefits" required by the state Knox Keene Act and provide a report to the Department by July 1, 2007.

The Office will incorporate the use of Department's HMO Help Center complaint data and the Department's medical survey summary results data in its 2007 HMO Report Card, which will be published and distributed in September 2007.

### Data Collection

The Office and the Department will work together to ensure that periodic and ad hoc data surveys collected from HMOs are coordinated to avoid any duplication and streamline reporting. Surveys projects will be scheduled over the year to avoid, whenever possible, multiple surveys being sent to HMOs at the same time. By September 1, 2006, the Office and the Department will develop a schedule of survey projects for FY 2006-07 that reflects these goals.

By September 1, 2006, the Office will work with the Department to jointly establish a health policy research agenda around quality and access issues which will be implemented by the Office in its research contract program for FY 2006-07.

The Office and the Department will work together to analyze consumer contact data collected by the Department's HMO Help Center and, by January 1, 2007, will jointly issue a report describing trends and identifying any program initiatives that are suggested by the data.

Consumer Education and Transparency

The Office and the Department will coordinate their respective strategies for educating consumers about their rights and responsibilities and about the resources available to them when they encounter problems with their HMOs. This will include initiatives to: improve the literacy levels of HMO informational materials targeted to consumers; improve the design and content the Office and Department websites; and improve and expand the content and distribution of *California’s HMO Guide* (published by the Office).

The Office will work with the Department to incorporate key Departmental consumer messages into the Office’s twelve local HMO Enrollee Regional Outreach and Information Center programs, which will make at least 70,000 face-to-face contacts with consumers by June 30, 2007.

Access and Quality for Special Populations

The Office and the Department will work together in the implementation and oversight of the Department’s regulations that establish language access standards for HMOs (pursuant to Senate Bill 853, Chapter 713, Statutes of 2003). By April 2007, the Office and the Department will work to consolidate the reporting required by these regulations with the Office’s annual Survey of Cultural and Linguistic Services Provided by California Health Plans. The Office will publicly report on compliance to these standards in its 2007 HMO Report Card published in September 2007.

Using the results of the focused medical surveys completed by the Department in 2006 and the mental health quality data published in the Office’s 2006 HMO Report Card, the Office and the Department’s HMO Help Center will develop and begin implementing a strategic plan for improving access to and utilization of mental health services for HMO enrollees by October 1, 2007.

Accountability and Reporting

The Office and the Department will produce joint reports on a quarterly basis describing the status and progress toward achieving the aforementioned collaborations and will provide these reports to the Secretary of the Business, Transportation and Housing Agency. On an annual basis (for each fiscal year), the Office and the Department will review, amend (as necessary), and renew this Cooperative Agreement with the approval of the Secretary.

Agreed to on June 1, 2006 by:

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Ed Mendoza  
Acting Director  
Office of the Patient Advocate

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Lucinda (Cindy) Ehnes, J.D.  
Director  
Department of Managed Health Care

Approved on June 1, 2006 by:

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Sunne Wright McPeak  
Secretary  
Business, Transportation and Housing Agency